

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>hw</i>	<i>68904</i>	<i>9/10/00</i>
O.I.P.E. CLASSIFIER		<i>8</i>	<i>10-4-00</i>
FORMALITY REVIEW	<i>M.H.</i>	<i>625</i>	<i>11-06-00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

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If more than 150 claims or 10 actions  
staple additional sheet here

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BEST AVAILABLE COPY.